



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

TEXAS HEALTH DBA INJURY 1 OF DALLAS
9330 LBJ FREEWAY SUITE 1000
DALLAS TEXAS 75243

DWC Claim #:
Injured Employee:
Date of Injury:
Employer Name:
Insurance Carrier #:

Respondent Name

ILLINOIS NATIONAL INSURANCE CO

Carrier's Austin Representative

Box Number 19

MFDR Tracking Number

M4-13-0642-01

MFDR Date Received

November 5, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The service was provided and the claim was paid but the payment was NOT deposited nor cashed by our office. We've attempted several times to have Chartis Insurance request a refund or proof of who cashed the check but are stating it isn't there problems. Please see attached e-mails for further review."

Amount in Dispute: \$204.70

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "AIG has reviewed the Medical Fee Dispute Resolution Request/Response (DWC-60). It is the Carrier's position that there is no money owed to the requestor, Judith Guerra for the 5/9/2012 date of service with Texas Health. The amount billed was \$195.00 the Carrier audited the bill and issued a check 20918449... on 5/24/2012 in the amount of \$194.76. The check was cashed on 6/1/2012 into Account Number... I have also attached emails between the adjuster and Texas Health regarding the check. Again, it is the Carrier's position that the \$194.76 is not owed; the check was issued back on 5/24/2012 and cashed."

Response Submitted by: AIG Claim Services

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 9, 2012	97110 and 97140	\$194.76	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets out the procedures for resolving professional medical services rendered on or after March 1, 2008.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits

- 4 – This procedure code is inconsistent with the modifier used or a required modifier is missing. The appropriate modifier was not utilized
- 148 – This procedure on this date was previously reviewed
- 18 – Duplicate claim/service

Issues

1. Did the requestor bill in conflict with the NCCI edits?
2. Did the insurance carrier submit sufficient documentation to support that the services in dispute were reimbursed prior to the filing of the Medical Fee Dispute Resolution request?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203 states in pertinent part, “(1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.” NCCI edits were run to determine if edit conflicts exist for each disputed date of service indicated below. Review of the documentation finds the following;
 - The requestor billed the following CPT codes on May 9, 2012; 97140 (one unit) and 97110 (3 units). NCCI edits were run to determine if edit conflicts exist. No edit conflicts were identified for CPT codes 97140 and 97110, as a result reimbursement will be calculated according to the applicable guidelines.
2. 28 Texas Administrative Code §134.203 states in pertinent part, “(c) To determine the MAR for professional services, system participants shall apply the Medicare payment policies with minimal modifications: For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors, and shall be effective January 1st of the new calendar year. The following hypothetical example illustrates this annual adjustment activity if the Division had been using this MEI annual percentage adjustment: The 2006 Division conversion factor of \$50.83 (with the exception of surgery) would have been multiplied by the 2007 MEI annual percentage increase of 2.1 percent, resulting in the \$51.90 (with the exception of surgery) Division conversion factor in 2007.”
 - Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense.
 - Date of service: May 9, 2012:
 - Procedure code 97110, service date May 9, 2012, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.45 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.45405. The practice expense (PE) RVU of 0.44 multiplied by the PE GPCI of 1.017 is 0.44748. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.834 is 0.00834. The sum of 0.90987 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$49.92. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure has the highest PE for

this date. The first unit is paid at \$49.92. The PE reduced rate is \$45.01 at 2 units is \$90.02. The total is \$139.94.

Procedure code 97140, service date May 9, 2012, represents a professional service with reimbursement determined per §134.203(c). The Medicare fee is the sum of the geographically adjusted work, practice expense and malpractice values multiplied by the conversion factor. The MAR is calculated by substituting the Division conversion factor. For this procedure, the relative value (RVU) for work of 0.43 multiplied by the geographic practice cost index (GPCI) for work of 1.009 is 0.43387. The practice expense (PE) RVU of 0.4 multiplied by the PE GPCI of 1.017 is 0.4068. The malpractice RVU of 0.01 multiplied by the malpractice GPCI of 0.834 is 0.00834. The sum of 0.84901 is multiplied by the Division conversion factor of \$54.86 for a MAR of \$46.58. Per Medicare policy, when more than one unit of designated therapy services is performed on the same day, full payment is made for the first unit of the procedure with the highest practice expense. Payment for each subsequent unit is reduced by 20% of the practice expense. This procedure does not have the highest PE for this date. The PE reduced rate is \$42.11.

3. Review of the submitted documentation finds that the requestor is entitled to reimbursement in the amount of \$182.05. The requestor submitted documentation in the form of an EOB and a cashed check addressed to requestor's address supporting that payment was issued for the disputed services, therefore a dispute does not exist over the lack of payment. As a result, no additional payment is due to the requestor.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 26, 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.